

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

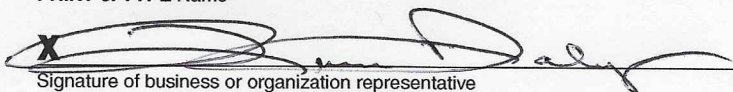
*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

RUBY DALY

PRINT or TYPE Name

02/20/2018 King County

Date and place (county) signed

  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

**Adobe Reader** XI or above to fill it in  
and save it.**Mail**Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

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If you currently have a CPS number, enter it here \_\_\_\_\_

13a

Company/Agency name <b>Fleet Lease Exchange Co dba FLEXCO</b>		Website	
Contact name. Primary applicant and contract manager <b>Michelle Peaks</b>	(Area code) Telephone number <b>614-389-5860</b>	Email (required) <b>michelle@flxfleet.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>9200 Memorial Drive</b>			
City <b>Plain City</b>		State <b>OH</b>	ZIP code <b>43064</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  <b>Please see attached.</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			



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Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Michelle Peaks

PRINT or TYPE Name

**X**



Signature of business or organization representative

April 16, 2018

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Re: Business of Use**

To Whom It May Concern:

Our company remarkets vehicles for various companies. We provide a variety of licensing and titling services such as lien perfections, title & registration transfers (state to state), lease termination transfers, title / registration corrections and duplicate title requests. We have inquiry accounts with Arizona, Arkansas, Delaware, Florida, Indiana, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, North Carolina, New Jersey, New York, Ohio, South Carolina, Tennessee, and Texas.

Our licensing and titling service consists of the following duties: transferring fleet vehicle titles and registrations from one state to another when a driver has been assigned to another location. The application for title and registration is completed so that the title is forwarded to the fleet company's headquarters and the registration to the branch location in the new State of transfer. FLEXCO will either contact the State of transfer or access an online account that has been setup to verify that the transfer has taken place.

We are also employed by financial institutions under our affiliate company (Innovative Funding Services Inc) to transfer titles to their borrowers and to perfect the liens. The application for title is completed to reflect the lender's interest and forwarded to the borrower's State of residence. We will either contact the State of transfer or access an online account that has been setup to verify the completion of the title and perfection of the lien.

Our remarketing division remarkets vehicles for numerous telecommunication companies who often misplace their titles. These companies have several subdivisions and subsidiaries and the home office has no idea what name is listed on the missing title. Our licensing and titling department will either contact the State the vehicle was last registered or access an online account that has been setup to verify the subsidiary and to accurately apply for a duplicate title.

Please feel free to contact me if you should have any questions or concerns. My contact information is as follows: Ph# 614-865-3500, Fx# 614-865-9821 and email [michelle@flxfleet.com](mailto:michelle@flxfleet.com).

Respectfully,

Michelle Peaks

Administrative Supervisor  
Title Department Manager



# MOTOR VEHICLE DEALER LICENSE

THIS IS TO CERTIFY THAT THE FOLLOWING IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF SELLING MOTOR VEHICLES AT RETAIL IN THE STATE OF OHIO, SUBJECT TO THE TERMS AND CONDITIONS AS PROVIDED FOR UNDER CHAPTER 4517 OF THE REVISED CODE.

*FLEET LEASE EXCHANGE COMPANY  
9200 MEMORIAL DR*

*PLAIN CITY OH, 43064*

*DOING BUSINESS AS  
01 FLEXCO*

*PERMIT NUMBER UD018359  
ISSUE DATE 01/23/17  
EXPIRATION DATE 03/31/19  
PLATE SERIES 6504*



JOHN R. KASICH  
GOVERNOR

JOHN BORN  
DIRECTOR

REGISTRAR  
OHIO BUREAU OF MOTOR VEHICLES

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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**cps@dol.wa.gov**

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

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If you currently have a CPS number, enter it here 13a

Company/Agency name <b>Law Offices of Frederick P.S. Whang, LLC</b>		Website	
Contact name, Primary applicant and contract manager <b>Alice Lam</b>	(Area code) Telephone number <b>(206) 223-1113</b>	Email (required) <b>alicelam@whanglawfirm.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>675 South Lane Street, Suite 301</b>			
City <b>Seattle</b>		State <b>Washington</b>	ZIP code <b>98104-2942</b>
Mailing address of business (if different) <b>same as above</b>			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <span style="background-color: black; color: white; padding: 0 10px;">6d</span>	WA Unified Business Identifier (UBI) <b>602342783</b>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Practice law and providing legal services in personal injury, immigration, criminal, family, business and bankruptcy. We would request to have name search capability as well for process service in personal injury and family law cases.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will not contact the owner for any purpose nor disclose the information.</p>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

April 04, 2018                      King County WA  
Date and place (county) signed

Frederick P.S. Whang

PRINT or TYPE Name



Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

City of Seattle Customer #: 6d



State of Washington UBI #: 602342783-001-0001

Tax period: Quarterly\*

Tax Reporting: Separate

BUSINESS LICENSE TAX CERTIFICATE

BUSINESS LICENSE

EXPIRATION DATE

12/31/2018

12/31/2018

\* Tax returns due: Jan 31 Apr 30 Jul 31 Oct 31  
IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

WHANG LAW FIRM  
675 S LANE ST #301  
SEATTLE, WA 98104

Not Transferable

Post Conspicuously



City of Seattle

Department of Finance and Administrative Services

700 Fifth Ave., Suite 4250

P.O. Box 34214, Seattle, WA 98124-4214

Telephone: 206-684-8484 Fax: 206-684-5170

Email: tax@seattle.gov Website: seattle.gov/licenses

Business License Tax Certificate

Expiration Date: 12/31/2018

BUSINESS MAILING ADDRESS:

6d

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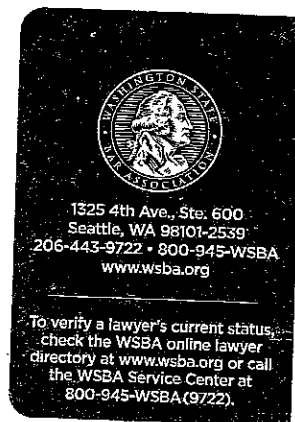
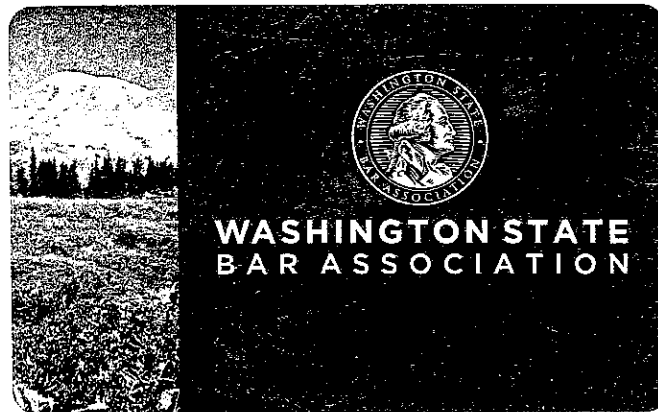
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LAW OFFICES OF FREDERICK PS WHANG  
WHANG LAW FIRM  
675 S LANE ST STE 301  
SEATTLE WA 98104-2942

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**WHANG**  
Frederick P.S.

WSBA Number  
19562



Admission Date  
06/12/1990

As of the date on this card  
lawyer named was admitted  
practice of law in Washir

Ethics line: 800-945-9722, ext. 8284



## Vehicle/Vessel On-line Access Contract Application-CPS

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If you currently have a CPS number, enter it here 13a

Company/Agency name <i>Washington State Transit Insurance Pool</i>		Website <i>www.wstip.org</i>	
Contact name. Primary applicant and contract manager <i>Andrea Powell</i>	(Area code) Telephone number <i>(360) 786-5503</i>	Email (required) <i>andrea@wstip.org</i>	
Contact name 2 (if applicable) <i>Karey Thornton</i>	(Area code) Telephone number <i>(360) 786-5037</i>	Email (required) <i>Karey@wstip.org</i>	
Physical address of business (number and street) <i>2629 12th Ct SW</i>			
City <i>Olympia</i>		State <i>WA</i>	ZIP code <i>98502</i>
Mailing address of business (if different) <i>- Same -</i>			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) <i>6d</i>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). *WSTIP is a risk management pool of transit agencies throughout WA State, operating under the direction of the State Risk Management Office / Dept of Enterprise Svcs. We provide training, education, and claims management to our members. We use the vehicle records to assist with claim management.*

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. *WSTIP may contact the owner after an accident if they caused damage to member property and we have no other information on them except a plate number. We also use the vehicle search to confirm owner name when totaling a vehicle. We do NOT share the info with those not authorized to use it.*



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

5/9/18 Thurston County  
Date and place (county) signed

Andrea Powell

PRINT or TYPE Name

X 

Signature of business or organization representative

**Authorities:**

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Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

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(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>American Family Insurance</b>		Website	
Contact name. Primary applicant and contract manager <b>Lisa Mason ext 75583</b>	(Area code) Telephone number <b>800-692-6326</b>	Email (required) <b>LMason1@amfam.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>225 N 45th St</b>			
City <b>Phoenix</b>		State <b>AZ</b>	ZIP code <b>85034</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  We investigate, adjust and settle insurance claims in the state of Washington. We utilize this information to confirm vehicle ownership, prior salvage title history and to confirm registration/licensing fees on total loss auto claims.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.  This information is not disclosed to any other persons or businesses.			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Lisa A. Mason

PRINT or TYPE Name



Signature of business or organization representative

05/09/2018 Maricopa

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



## Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

No. 2166

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

*THIS IS TO CERTIFY, That*

**AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN**  
Madison, Wisconsin

*organized under the laws of WISCONSIN, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:*

Property  
Vehicle  
General Casualty

*as such classes are now or may hereafter be defined in the Revised Code of Washington.*

*THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.*

*THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.*

*THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.*

*IN WITNESS WHEREOF, effective as of the 8th day  
of November, 2001, I have hereunto set my hand  
and caused my official seal to be affixed this 14th day of*

*November, 2001.*

*Mike Smith*  
Insurance Commissioner



By

*Ernest*

Chief Deputy Insurance Commissioner



No. 2167

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

*THIS IS TO CERTIFY, That*

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**  
Madison, Wisconsin

*organized under the laws of WISCONSIN, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:*

Property  
Marine & Transportation  
Vehicle  
General Casualty

*as such classes are now or may hereafter be defined in the Revised Code of Washington.*

*THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.*

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*IN WITNESS WHEREOF, effective as of the 8th day of November, 2001, I have hereunto set my hand and caused my official seal to be affixed this 14th day of*

*November, 2001.*



*M. H. Krull*  
Insurance Commissioner

By *[Signature]*  
Chief Deputy Insurance Commissioner

## Vehicle/Vessel On-line Access Contract Application-CPS

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**Email** (quickest)

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here 13a

Company/Agency name <i>Infiniti of Bellevue</i>		Website <i>Infiniti of Bellevue.com</i>	
Contact name. Primary applicant and contract manager <i>Kay Ellis</i>	(Area code) Telephone number <i>425-605-1380</i>	Email (required) <i>Kaye@INFINITI of Bellevue.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>11815 NE 8th St.</i>			
City <i>Bellevue</i>		State <i>WA</i>	ZIP code <i>98005</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <span style="background-color: black; color: white; padding: 0 20px;">6d</span>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>601708544</i>
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>NEW AND USED CAR dealerships Verify legal and registered owners</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>NO</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

5-8-2018

Date and place (county) signed

KAY ELLIS

PRINT or TYPE Name

X *K. Ellis* office Mgr.

Signature of business or organization representative

Authorities:  
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF  
WASHINGTON  
Corporation

## BUSINESS LICENSE

Unified Business ID #: 601708544  
Business ID #: 001  
Location: 0002  
Expires: Apr 30, 2019

SOUND INFINITI, INC.  
INFINITI OF BELLEVUE  
11815 NE 8TH ST  
BELLEVUE, WA 98005-3006

UNEMPLOYMENT INSURANCE - ACTIVE  
TAX REGISTRATION #601-708-544 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE  
MOTOR VEHICLE DEALER #1499 - ACTIVE

### LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

### REGISTERED TRADE NAMES:

INFINITI OF KIRKLAND  
KIRKLAND DETAIL  
SOUND INFINITI  
SOUND INFINITI, INC.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Vikki Smith*

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 601708544 001 0002

Expires: Apr 30, 2019

SOUND INFINITI, INC.  
INFINITI OF BELLEVUE  
11815 NE 8TH ST  
BELLEVUE, WA 98005-3006

UNEMPLOYMENT INSURANCE -  
ACTIVE  
INDUSTRIAL INSURANCE - ACTIVE  
TAX REGISTRATION #601-708-544 -  
ACTIVE  
MOTOR VEHICLE DEALER #1499 -  
ACTIVE





STATE OF  
WASHINGTON

## BUSINESS LICENSE

### Corporation

BILL HARRIS USED CARS, INC.  
608 S 1ST ST  
SELAH, WA 98942-1606

UNEMPLOYMENT INSURANCE - ACTIVE  
MINOR WORK PERMIT - ACTIVE  
MOTOR VEHICLE DEALER #3654 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE  
TAX REGISTRATION #601-624-554 - ACTIVE  
VESSEL DEALER #7773 - ACTIVE

Unified Business ID #: 601624554  
Business ID #: 001  
Location: 0002  
Expires: Apr 30, 2019

### DUTIES OF MINORS:

WASHING CARS, SWEEPING LOTS AND LOT MAINTENANCE. \*MINOR MUST BE SUPERVISED BY A RESPONSIBLE ADULT IF WORKING PAST 8:00 P.M.\*

WASHING CARS, SWEEPING LOTS AND LOT MAINTENANCE. \*MINOR MUST BE SUPERVISED BY A RESPONSIBLE ADULT IF WORKING PAST 8:00 P.M.\*

### LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Minors employed in maintenance and repair work must be at least 16 years of age. WAC 296-125-033(5)(a)

*W. H. Harris, Inc.*





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### Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in

and save it.

### Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

### Fax

(360) 570-7895

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If you currently have a CPS number, enter it here \_\_\_\_\_

13a

Company/Agency name <i>Bill Harris vso Cars Inc</i>		Website	
Contact name. Primary applicant and contract manager <i>Amy Helms</i>	(Area code) Telephone number <i>509-697-7006</i>	Email (required) <i>bill.harris@dcs@gmail.com</i>	
Contact name <i>2</i> (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>600 S 1st St</i>			
City <i>SEAL</i>	State <i>WA</i>	ZIP code <i>98542</i>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

*We are a car dealership who will pull records for trade ins, or for purchases.*

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

*We will not disclose information and we will not contact the owner.*



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

5/2/18 yakima

Date and place (county) signed

PRINT or TYPE Name

Amy R Helms

**X**

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



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If you currently have a CPS number, enter it here \_\_\_\_\_ **13a** \_\_\_\_\_

Company/Agency name <b>Carfax, Inc.</b>		Website <b>www.carfax.com</b>	
Contact name. Primary applicant and contract manager <b>Hank Fang</b>	(Area code) Telephone number <b>(703) 934-2664</b>	Email (required) <b>hankfang@carfax.com</b>	
Contact name 2 (if applicable) <b>Melinda Genovese</b>	(Area code) Telephone number <b>(703) 934-2664</b>	Email (required) <b>melindagenovese@carfax.com</b>	
Physical address of business (number and street) <b>5860 Trinity Parkway, suite 600</b>			
City <b>Centreville</b>		State <b>VA</b>	ZIP code <b>20120</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Carfax provides VIN-specific, non-personally identifiable vehicle history information.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Carfax does not contact the vehicle owner or disclose the information obtained through the CPS except to correct non-personally identifiable vehicle history information or as required by law or legal process.



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When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

5/1/18 - Fairfax County, VA  
Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

**cps@dol.wa.gov**

Print and scan or upgrade to .

**Adobe Reader** XI or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name <i>Bodine Enterprises</i>		Website <i>maxi-space.com</i>	
Contact name. Primary applicant and contract manager <i>Janice Lemke-mobley</i>	(Area code) Telephone number <i>253-572-1111</i>	Email (required) <i>Info@maxi-space.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>1401 S Sprague</i>			
City <i>Tacoma</i>		State <i>WA</i>	ZIP code <i>98405</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>602 765 743</i>
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>We rent storage units and parking spaces. we use this to locate the owners of vehicles stored here.</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>We send the owner of the vehicle a certified letter</i>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

4-27-18  
Date and place (county) signed

Janice Lemke - Mobley  
PRINT or TYPE Name  
☒ [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name <i>Maxi-space</i>	Contact name <i>Tanice Lemke</i>	Email <i>Info@maxi-space.com</i>	(Area code) Phone number <i>253-572-1111</i>
	Address, City, State, Zip code <i>1401 S Sprague Tacoma WA 98405</i>		Subscriber's permissible use <i>Information is used to locate owner before the vehicle is Auctioned off for non payment</i>	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>2</b>	Legal business name <i>Maxi-space</i>	Contact name <i>Barbara Perry</i>	Email <i>Barbara@Badineenterprises.com</i>	(Area code) Phone number <i>253-572-9383</i>
	Address, City, State, Zip code <i>1401 S Sprague Tacoma, WA 98405</i>		Subscriber's permissible use <i>Information is used to locate owner before the vehicle is Auctioned off for non payment</i>	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

## BUSINESS LICENSE

Unified Business ID #: 602 765 743  
Business ID #: 1

BODINE INVESTMENTS, LLC  
9020 LD STEILACOOM POINT RD SW  
LAKEWOOD WA 98498 5942

REGISTERED TRADE NAMES:  
APEX MANAGEMENT  
BODINE ENTERPRISES  
MAXI SPACE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here 13a

Company/Agency name <b>KLQ-RNR, LLC DBA Rent-n-Roll</b>		Website	
Contact name, Primary applicant and contract manager <b>Cassandra White</b>	(Area code) Telephone number <b>253 691 0466</b>	Email (required) <b>caseew@rentnroll-nw.com</b>	
Contact name 2 (if applicable) <b>Courtney Conder</b>	(Area code) Telephone number <b>253 691 2597</b>	Email (required) <b>courtneyc@rentnroll-nw.com</b>	
Physical address of business (number and street) <b>15011 Meridian East Ste A</b>			
City <b>Puyallup</b>		State <b>WA</b>	ZIP code <b>98375</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>We are a retailer and rent to own operation for custom wheels and/or tires for vehicles. When renting product we must verify that the car/truck belongs to the customer.</b></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>The only other persons that may receive info may be the police/Attornies if we ever took someone to court for theft of our merchandise. This is a less than .5% Chance of happening.</b></p>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

April 24, 18 Pierce

Date and place (county) signed

CASSANDRA WHITE

PRINT or TYPE Name

Cassandra White

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
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Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name <b>KLQ-RNR, LLC</b>	Contact name <b>Allen Wilhelme</b>	Email <b>Store80@rentnroll-nw.com</b>	(Area code) Phone number <b>253 848 7656</b>
	Address, City, State, Zip code <b>15011 Meridian E. St A Puyallup, WA 98375</b>		Subscriber's permissible use <b>To verify ownership of vehicle</b>	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.





STATE OF  
WASHINGTON

# RESELLER PERMIT

## Washington State Department of Revenue

PO Box 47476 • Olympia, WA 98504-7476 • 1-800-647-7706

602 489 026  
KLQ-RNR LLC  
RENT-N-ROLL  
15011 MERIDIAN E STE A  
PUYALLUP, WA 98375-6605

**Permit Number:** A10 8455 21

**Effective Date:** 01-01-2018

**Expiration Date:** 12-31-2021

**Business Activities:**

GENERAL RENTAL CENTERS

**This permit can be used to purchase:**

- Merchandise and inventory for resale without intervening use
- Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale
- Feed, seed, seedlings, fertilizer, and spray materials by a farmer
- Materials and contract labor for retail/wholesale construction
- Items for dual purposes (see Purchases for Dual Purposes on back)

**This permit cannot be used to purchase:**

- Items for personal or household use
- Promotional items or gifts
- Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals
- Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back)
- Materials and contract labor for speculative building

**This permit is no longer valid if the business is closed.**

**The business named on this permit acknowledges:**

- It is solely responsible for all purchases made under this permit
- Misuse of the permit:
  - Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)
  - May result in this permit being revoked

**Notes (optional):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Important:** The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.



STATE OF  
WASHINGTON

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

KLQ-RNR, LLC  
ONE TACOMA AVE N STE 300  
TACOMA, WA 98403

Unified Business ID #: 602489026

Expiration: Mar-31-2018

Domestic Limited Liability Company

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

## BUSINESS INFORMATION

---

Business Name:

**KLQ-RNR, LLC**

UBI Number:

**602 489 026**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**8312 191ST ST E, PUYALLUP, WA, 98375-2343, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:

**03/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/ Registration Date:

**03/31/2005**

Period of Duration:

**Perpetual**

Inactive Date:

Nature of Business:

**SELL/RENT TO OWN REAL PROPERTY**

## REGISTERED AGENT INFORMATION

---

Registered Agent Name:

**H&F SERVICES, INC**

Street Address:

**1 N TACOMA AVE, SUITE 300, TACOMA, WA, 98403-3131, UNITED STATES**

Mailing Address:

## GOVERNORS

---

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		KEVIN L	QUINN

## Vehicle/Vessel On-line Access Contract Application-CPS

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**Email** (quickest)

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Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

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If you currently have a CPS number, enter it here 13a

Company/Agency name <i>Whatcom Educational Credit Union</i>		Website <i>www.wecu.com</i>	
Contact name, Primary applicant and contract manager <i>Troy Taubenheim</i>	(Area code) Telephone number <i>360.756.7639</i>	Email (required) <i>Troy.Taubenheim@wecu.com</i>	
Contact name 2 (if applicable) <i>Irene Boyer</i>	(Area code) Telephone number <i>360.756.7759</i>	Email (required) <i>Irene.Boyer@wecu.com</i>	
Physical address of business (number and street) <i>600 E Holly St.</i>			
City <i>Bellingham</i>		State <i>WA</i>	ZIP code <i>98225</i>
Mailing address of business (if different) <i>PO Box 9750</i>			
City <i>Bellingham</i>		State <i>WA</i>	ZIP code <i>98229</i>
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><i>CPS will be used to verify information on any used vehicles, vessels or trailers that may be used as security on private party loans. We also use CPS on dealerships to make sure the collateral is a clean title and they are legal owners.</i></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><i>Personal information obtained from CPS will only be used for the purpose of perfecting WECU's lien on a title. WECU will not publish this information or use it for unsolicited business contacts.</i></p>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

04/23/2018, Whatcom County  
Date and place (county) signed

Troy Taubert  
PRINT or TYPE Name

X [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a <sup>Formerly CPS</sup> CPS number, enter it here 13a

Company/Agency name <b>DES MOINES ESCROW, INC.</b>		Website <b>www.desmoinesescrow.com</b>	
Contact name. Primary applicant and contract manager <b>SUSAN M. BERRY</b>	(Area code) Telephone number <b>(206) 824-6602</b>	Email (required) <b>susan@dmescrow.com</b>	
Contact name 2 (if applicable) <b>TINA M. BURGET</b>	(Area code) Telephone number <b>(206) 824-6602</b>	Email (required) <b>tina@dmescrow.com</b>	
Physical address of business (number and street) <b>22024 MARINE VIEW DR SO, SUITE 201</b>			
City <b>DES MOINES</b>		State <b>WA</b>	ZIP code <b>98198</b>
Mailing address of business (if different) <b>SAME AS ABOVE</b>			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; text-align: center;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <b>601 672 524</b>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>ESCROW SERVICES, CLOSING REAL AND PERSONAL PROPERTY TRANSACTIONS, INCLUDING MOBILE HOMES, BOTH ON REAL PROPERTY AND ON LEASED LAND. TRANSACTION ALSO OCCASIONALLY INCLUDE FLOATING HOMES, AND IN THE CASE OF BUSINESS OPPORTUNITIES, MOTOR VEHICLES OR FLEET VEHICLES.</b></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>THE OWNER WILL HAVE ALREADY CONTACTED ME, WHEN SETTING UP THE SALE TRANSACTION. WE NEED TO BE ABLE TO VERIFY ALL TITLE INFORMATION, INCLUDING BUT NOT LIMITED TO VIN, PLATE NUMBER, LEGAL OWNER, REGISTERED OWNER, IN ORDER TO COMPLETE THE SALE TRANSACTIONS AND SUCCESSFULLY TRANSFER TITLE POST CLOSING.</b></p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

SUSAN M. BERRY

PRINT or TYPE Name

X

Signature of business or organization representative

4/10/18 DES MOINES (KING) WA

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
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<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

**THE STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**OLYMPIA, WASHINGTON**

***ESCROW AGENT LICENSE***

*WHEREAS,*

Des Moines Escrow Inc

*With Place of Business At:*

22024 Marine View Dr S Ste 201  
Des Moines, WA 98198

*Designated Escrow Officer:*

Susan Marie Berry

*Has submitted an application for issuance of a license under the provisions of Chapter 18.44 of The Revised Code of Washington known as "Escrow Agent Registration Act", and*

*NOW, THEREFORE, Be it known that said applicant is hereby licensed in accordance with the provisions of said Escrow Agent Registration Act, such business to be conducted at the location identified above. This license is issued contingent upon the continuing supervision and responsibility of the Designated Escrow Officer named above. This license is subject to suspension or revocation as authorized by law.*



**LICENSE NUMBER: 540-EA-18538**

**ISSUED: December 28, 2017**

**EXPIRES: December 31, 2018**

**THE STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**OLYMPIA, WASHINGTON**  
**DESIGNATED ESCROW OFFICER LICENSE**

*WHEREAS,*

**Susan Marie Berry**

*Representing:*

**Des Moines Escrow Inc**

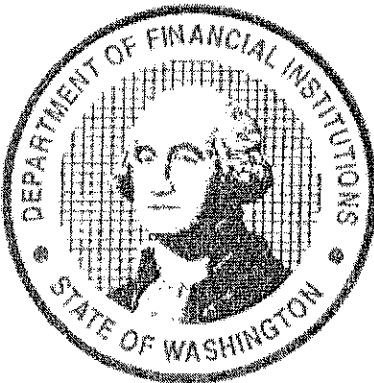
*With Place of Business At:*

**22024 Marine View Dr S Ste 201**

**Des Moines WA 98198**

*Has submitted an application for issuance of a license under the provisions of Chapter 18.44 of the Revised Code of Washington known as "Escrow Agent Registration Act," and*

*NOW, THEREFORE, Be it known that said applicant is hereby licensed in accordance with the provisions of said Escrow Agent Registration Act, such business to be conducted at the location identified above. This license is issued contingent upon the officer's continued representation of above named escrow agent. This license is subject to suspension or revocation as authorized by law.*



<b>LICENSE NUMBER:</b>	<b>540-DO-21023</b>
<b>ISSUED:</b>	<b>4/17/2017</b>
<b>EXPIRES:</b>	<b>05/20/2018</b>



**STATE OF WASHINGTON  
SUPREME COURT**

This confirms that the person named is certified as a

**LIMITED PRACTICE OFFICER**

**SUSAN M. BERRY**

**DES MOINES ESCROW INC**

**22024 MARINE VIEW DR S STE 201**

**DES MOINES, WA 98198-6230**

LPO NUMBER	ISSUE DATE	EXPIRATION DATE
<b>2386</b>	<b>07/01/2017</b>	<b>6/30/2018</b>



**THE STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**

**OLYMPIA, WASHINGTON**

**ESCROW OFFICER LICENSE**

*WHEREAS,*

**Christina Marie Burget**

*Representing:*

**Des Moines Escrow Inc**

*With Place of Business At:*

**22024 Marine View Dr S Ste 201**

**Des Moines WA 98198**

*Has submitted an application for issuance of a license under the provisions of Chapter 18.44 of the Revised Code of Washington known as "Escrow Agent Registration Act," and*

*NOW, THEREFORE, Be it known that said applicant is hereby licensed in accordance with the provisions of said Escrow Agent Registration Act, such business to be conducted at the location identified above. This license is issued contingent upon the officer's continued representation of above named escrow agent. This license is subject to suspension or revocation as authorized by law.*



<b>LICENSE NUMBER:</b>	<b>540-EO-24774</b>
<b>ISSUED:</b>	<b>7/26/2016</b>
<b>EXPIRES:</b>	<b>07/29/2017</b>



## City of Des Moines

21630 11th Avenue South  
Des Moines, WA 98198  
Phone: 206.870.7576

DES MOINES ESCROW INC  
22024 MARINE VIEW DR S #201  
DES MOINES, WA 98198

Monday, January 08, 2018

Dear Business Owner:

We appreciate your continued business in the City of Des Moines. If you have any questions concerning this letter please contact us at (206) 870-7576.

Please Note:

1. Please notify the Business License Clerk at (206) 870-7576 if you move your business, change your mailing address, change ownership (licenses are not transferable), change use or type of operation, hold a special event such as a tent or parking lot sale, dance, music or other event outside your routine operations, or cease operations.
2. Additional licenses may be required if your business includes amusement devices, gambling, soliciting, pawnbroker, pool tables or secondhand dealer.
3. Business Licenses run from Jan 1st through Dec 31st and must be renewed on or before the fifteenth day of February. Any license not so renewed requires a new application, accompanied by a late fee of 100% of the original fee.
4. Use location code 1709 on your State of Washington Combined Excise Tax Return when reporting retail sales or use tax occurring within the City of Des Moines. This does not increase your tax liability but ensures that Des Moines receives the local sales and use tax from your business activities within Des Moines.
5. Issuance of a 'General Business License' to operate rental housing in the City of Des Moines in accordance with DMMC 5.64 is not a license to avoid City zoning laws and does not excuse compliance with any other City ordinance, including but not limited to the provisions of DMMC Title 18 regulating multi-family dwellings in single family neighborhoods.

License #: BUS-02067  
Tax ID #:

### BUSINESS LICENSE

Issued: 01/03/2018  
Expires: 12/31/2018

### City of Des Moines, Washington

*This license is issued to DES MOINES ESCROW INC in accordance with the Des Moines Municipal Code Title 5 and must be posted conspicuously at the location of business.*

Conditions: None

State UBI No.  
601-672-524

Nature of Business  
Real Estate

Business Location:  
22024 MARINE VIEW DR S #201, DES MOINES

  
Authorized Signature



STATE OF  
WASHINGTON

## LEGAL ENTITY REGISTRATION

Office of the Secretary of State  
Corporations Division

DES MOINES ESCROW, INC.  
22024 MARINE VIEW DR S STE 201  
DES MOINES, WA 98198-6230

Unified Business ID #: 601672524

Expiration: Nov-30-2018

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will comply with all applicable Washington State laws.

*Ann Wynne*





DESMO-1

QP ID: C1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Century Insurance Services LLC  
3208 50th St Ct NW, Suite C104  
Gig Harbor, WA 98335  
Susie K Nelson

253-851-9600

CONTACT NAME: Susie K Nelson

PHONE (A/C, No, Ext): 253-851-9600

FAX (A/C, No): 253-851-9601

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Greenwich Insurance Company

INSURER B: Markel American

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Des Moines Escrow, Inc.  
Susan Berry  
22024 Marine View Dr, Ste 201A  
Des Moines, WA 98198

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADCL INSC	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Escrow E & O GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TA00151410	12/20/2017	12/20/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Crime			5221PR024317-0	12/20/2017	12/20/2018	COV a \$ 1,000,000 Ded \$ 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Errors & Omissions \$ 1,000,000 Each Claim/Aggregate \$5,000 Deductible  
Claims Made retroactive date 11/26/95 includes LPO's listed on policy.  
Escrow Agents Fidelity Bond, 1,000,000 Each Claim/Aggregate \$10,000 deductible. Escrow Surety Bond \$10,000

## CERTIFICATE HOLDER

STATE05

State of Washington  
Dept of Financial Institutions  
Consumer Services Division  
P O Box 41200  
Olympia, WA 98504-1200

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

**Adobe Reader** XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

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If you currently have a CPS number, enter it here \_\_\_\_\_

133

Company/Agency name <b>First Community Credit Union</b>		Website <b>www.myfirstccu.org</b>	
Contact name. Primary applicant and contract manager <b>Danielle Bullough</b>	(Area code) Telephone number <b>541-471-8665</b>	Email (required) <b>Danielle.bullough@firstccu.org</b>	
Contact name 2 (if applicable) <b>Jacqui Sneddon</b>	(Area code) Telephone number <b>541-267-5115 x 8229</b>	Email (required) <b>Jacqui.Sneddon@firstccu.org</b>	
Physical address of business (number and street) <b>200 N Adams,</b>			
City <b>Coquille</b>		State <b>OR</b>	ZIP code <b>97423</b>
Mailing address of business (if different) <b>150 E Johnson Ave</b>			
City <b>Coos Bay</b>		State <b>Oregon</b>	ZIP code <b>97420</b>
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>50</b>	WA Unified Business Identifier (UBI) <b>602216921</b>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We open and service checking, saving, IRA's &amp; money Market accounts. We also provide loans for consumer vehicles, recreational vehicles/trailers &amp; vessels and commercial and real estate products. We provide opportunities for financial investments. We use E-saw to verify legal ownership, registered owner, lien perfection, duplicate title, skip tracing, past due account, vehicle location.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Yes, At times we may contact the owner to collect on a debt or assist in Title transfers and lien perfection. We don't disclose or sell information. Letters are sent by certified mail and/or telephone when necessary.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Danielle Bullough

PRINT or TYPE Name

April 3, 2018 Coos Bay, OR

Date and place (county) signed

**X**

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name <b>AA. PROCESS SERVERS</b>		Website <b>Processservers.com</b>	
Contact name, Primary applicant and contract manager <b>BELL FARMIN</b>	(Area code) Telephone number <b>253-495-1986</b>	Email (required) <b>Process-Servers@hotmail.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>8203 182ND AVE E</b>			
City <b>BONNEY LAKE, WA</b>		State <b>WA</b>	ZIP code <b>98391</b>
Mailing address of business (if different) <b>4227 S MERIDIAN STE C516</b>			
City <b>PUYALLUP</b>		State <b>WA</b>	ZIP code <b>98373</b>
Provide one of these identifiers	Taxpayer Identification Number (TIN) <span style="background-color: black; color: white; padding: 0 20px;">6d</span>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p style="font-family: cursive;">TO VERIFY THAT AN INDIVIDUAL IS AT AN ADDRESS WHEN SOMEONE AT THE ADDRESS SAYS THAT PERSON IS NOT</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p style="font-family: cursive; text-align: center;">NO</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

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Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

4/2/18 PIERCE COUNTY  
Date and place (county) signed

WILLIAM J. FARMER  
PRINT or TYPE Name  
X [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



**UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL**

**A A INVESTIGATIONS  
WILLIAM J FARMIN  
4227 S MERIDIAN STE C516  
PUYALLUP WA 98373**

**Licensee Released -**

**Termination Date**   /  /  

**3356**

License Number

**03/09/2011**

Issued Date

**02/28/2019**

Expiration Date

*Pat Kohler*  
Pat Kohler, Director

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here 13a

Company/Agency name U.S.BANK, N.A.		Website www.usbank.com	
Contact name. Primary applicant and contract manager TINA ASEN	(Area code) Telephone number 920-237-6828	Email (required) tina.asen@usbank.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1850 OSBORN AVE			
City OSHKOSH		State WI	ZIP code 54902
Mailing address of business (if different) PO BOX 3427			
City OSHKOSH		State WI	ZIP code 54903
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <span style="border: 1px solid black; padding: 0 5px;">6d</span>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>U.S. BANK, N.A. IS A FINANCIAL INSTITUTION THAT TAKES CARE OF ALL IT'SCUSTOMER'S FINANCIAL NEEDS INCLUDING, BUT NOT LIMITED TO LOAN AND DEPOSIT ACCOUNTS.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>NO</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

TINA ASEN

PRINT or TYPE Name

03/20/2018 WINNEBAGO CO, WISCONSI

Date and place (county) signed



Signature of business or organization representative

**Authorities:**

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Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Access Level	Email	Phone number	User name	Address	Permissible Use	Provide info to attorney/investigator?
Administrator	tina.asen@usbank.com	9202376828	tina asen	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	heather.dahlke@usbank.com	9202376857	Heather Dahlke	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	mechenzie.gilbertson@usbank.com	9202376833	Mechenzie Gilbertson	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	stephenie.maggard@usbank.com	9202376838	Stephenie Maggard	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	lacey.juslen@usbank.com	9202376830	Lacey Juslen	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	cassandra.kawleski@usbank.com	9202376836	Cassandra Kawleski	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	robin.porst1@usbank.com	9202376822	Robin Porst	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	allison.patzlaff@usbank.com	9202376810	Allison Patzlaff	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	mallory.schneider@usbank.com	9202376841	Mallory Schneider	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	jillian.butt@usbank.com	9202376865	Jillian Butt	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No



3. Employee	paula.markert@usbank.com	9202376805	Paula Markert	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	monica.george@usbank.com	9202376804	Monica George	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	craig.lapoint1@usbank.com	9202376821	Craig Lapoint	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	michaela.kriesel@usbank.com	9202376860	Michaela Kriesel	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	jovana.spaic@usbank.com	9202376595	Jovana Spaic	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	kaitlin.huisinga@usbank.com	9202378907	Kaitlin Huisinga	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	jeffery.melin@usbank.com	9202376808	Jeff Melin	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	ashley.hernandez2@usbank.com	9202375308	Ashley Hernandez	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	rebecca.braunschweig@usbank.com	9202376840	Rebecca Braunschweig	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	michelle.antonioni@usbank.com	9205390059	Michelle Antonioni	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	lisa.magelitz@usbank.com	9202376813	Lisa Magelitz	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No

3. Employee	kayla.samanya@usbank.com	9202376811	Kayla Samanya	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No
3. Employee	danielle.seaman@usbank.com	9202376809	Danielle Seaman	1850 Osborn Ave, Oshkosh, WI 54902	Determine Vehicle owner and lienholder	No



## Vehicle/Vessel On-line Access Contract Application-CPS

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If you currently have a CPS number, enter it here

13a

Company/Agency name <b>Ladenburg McKasy Durkin, Inc, PS</b>		Website <b>www.tclmds.com</b>	
Contact name. Primary applicant and contract manager <b>John J. Durkin</b>	(Area code) Telephone number <b>253-564-2111</b>	Email (required) <b>jjdurkin@tclmd.com</b>	
Contact name 2 (if applicable) <b>Roxy Mueller</b>	(Area code) Telephone number <b>253-564-2111</b>	Email (required) <b>tclmds@hotmail.com</b>	
Physical address of business (number and street) <b>6711 Regents Blvd, Suite A</b>			
City <b>Tacoma</b>		State <b>WA</b>	ZIP code <b>98466</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; text-align: center;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

Answer the following

**Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).**

**Plaintiff's attorneys at law. Personal Injury attorneys. Our attorneys and staff utilize the site to search license plate numbers and persons involved in auto collisions with our clients. This is for litigation purposes only.**

**Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.**

**The owner may be contacted via process service for purposes of a law suit.**



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

3/14/18 TACOMA  
Date and place (county) signed

JOHN J. DURKIN  
PRINT or TYPE Name  
☒ Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



WASHINGTON STATE BAR ASSOCIATION

*Active Member*

**Mr. John Joseph Durkin**

**WSBA-ID: 11349**

**Admitted: 11/1980**

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**Member Signature**

*Working together to Champion Justice*



2098-1

LADENBURG MCKASY DURKIN INC. P.S.  
C/O LADENBURG MCKASY DURKIN INC. P.S.  
6602 19TH ST W  
TACOMA WA 98466-6131

This is your Washington Legal Entity Registration.  
This is not a Washington Business License.

Detach before posting



STATE OF  
WASHINGTON

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

LADENBURG MCKASY DURKIN INC. P.S.  
6602 19TH ST W  
TACOMA, WA 98466-6131

Unified Business ID #: 600309259

Expiration: Jan-31-2019

Domestic Professional Service Corporation  
Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State





STATE OF WASHINGTON  
**BUSINESS LICENSING SERVICE**

**Thank you for renewing online**

Your license renewal has been submitted. Please print this receipt for your records and allow 14 days to receive your new business license document in the mail.

**Previous Expiration Date:** Jan-31-2018

**New Expiration Date:** Jan-31-2019

**Confirmation Number:** 0-001-797-419

**Filing Date and Time:** 03/21/2018 09:35:08 AM

**Payment Method:** ACH Debit/E-Check

**Business Entity Information**

LADENBURG MCKASY DURKIN INC. P.S.  
600309259-001-0001

**Business Location Information**

LADENBURG MCKASY DURKIN INC. P.S.  
(253) 564-2111  
(252) 565-9098  
6602 19TH ST W FIRCREST WA 98466-6193  
6602 19TH ST W FIRCREST WA 98466-6193

Endorsement(s)	Begin	End	Count	Fee
Fircrest General Business	02/01/2018	01/31/2019	1	\$75.00
				<u>\$75.00</u>

Fee Type	Begin	End	Count	Fee
BLS Processing Fee	02/01/2018		1	\$11.00
				<u>\$11.00</u>

Penalty	Fee
Late Renewal Penalty	\$37.50
	<u>\$37.50</u>

**Grand Total: \$123.50**

## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable <b>13a</b>		<input type="checkbox"/> Bulk vehicle/vessel records ( <i>Batch process</i> ) Frequency ( <i>check one</i> ): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular	
PRINT or TYPE Company/Agency name <b>Kemper Services Group</b>			
Contract contact/manager ( <i>IVIPS and Bulk records accounts</i> ) <b>Susan Gray</b>		Signing Authority name ( <i>Bulk records accounts only</i> ) <b>Misty Zerkel</b>	
(Area code) Phone number <b>(800) 234-3606</b>	Email ( <i>required for IVIPS and Bulk records</i> ) <b>sgray@kemper.com</b>	(Area code) Phone number <b>(800) 234-3606</b>	Email ( <i>required for Bulk records</i> ) <b>Mzerkel@kemper.com</b>
Physical address of business ( <i>Number and street, City, State, ZIP code</i> ) <b>4263 Commercial St SE Suite 400 Salem OR 97302</b>			
Mailing address of business, if different ( <i>Address or PO Box, City, State, ZIP code</i> ) <b>4263 Commercial St SE Suite 400 Salem OR 97302</b>			
Provide <b>one</b> of these identifiers:	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does).			
We are an insurance claims office in which the specified account holders (managers and select adjusters) use the DMV records information to research filed claims.			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input checked="" type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____	

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We use the vehicle information to help settle claims for insureds and claimants. An example would be to run a vin number to verify registered ownership, Lienholders, and match make and model of vechile in claim.

**5** Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

Contact is made via phone, email, text, fax, and letter communications. Once we run the reports we would contact them to verify information regarding the records and the claim they have entered against this vehicle

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

- ☐ **I represent a government agency.** Agency name: \_\_\_\_\_  
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
  - any/all professional licenses that you possess
- ☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
  - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
  - any/all professional licenses that you possess
  - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
    - Your Articles of Incorporation, filed with the Secretary of State
    - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
    - Other documents reviewed and approved by the Department of Licensing Public Records Officer
  2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.  
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
  - subscriber agreements
- ☐ **I am an attorney.\*** Attach legible copies of:
- your current business license
  - your current bar card
- ☐ **I am a private investigator.\*** Attach legible copies of:
- your current Private Investigator license
  - your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Slu Sr. Mgr- Operations  
Title

X Misty Zenzel  
Signature

3-19-2018 - Marion County  
Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name <b>OREGON COMMUNITY CREDIT UNION</b>		Website <b>www.myoccu.org</b>	
Contact name, Primary applicant and contract manager <b>KELLI THOMPSON</b>	(Area code) Telephone number <b>541-681-6033</b>	Email (required) <b>kthompson@myoccu.org</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>2880 CHAD DR</b>			
City <b>EUGENE</b>		State <b>OR</b>	ZIP code <b>97408</b>
Mailing address of business (if different) <b>PO BOX 77002</b>			
City <b>SPRINGFIELD</b>		State <b>OR</b>	ZIP code <b>97475</b>
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <span style="background-color: black; color: white; padding: 0 10px;">6d</span>	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>CREDIT UNION: DEPOSITORY ACCOUNTS, AUTO AND HOME LOANS, LINES OF CREDIT AND CREDIT CARDS</b></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>YES: TO SEE IF A TITLE WAS MAILED TO THEM IN ERROR OR IF NEW DMV PAPERWORK IS NEEDED.</b></p>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact **cps@dol.wa.gov** to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

KELLI THOMPSON/DMV ADMINISTRATOR

PRINT or TYPE Name

3-13-2018/LANE COUNTY

Date and place (county) signed

X 

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



MyOCCU.org

P.O. Box 77002  
Springfield, OR 97475  
800.365.1111

March 15, 2018

WA Department of Licensing  
License Express

To whom it may concern:

On behalf of Oregon Community Credit Union, this is my approval for Kelli Thompson, DMV Representative, to act as our agent to get and receive information from the Washington Department of Licensing. If you have any questions, please contact me at 541.681.6142.

Sincerely,

Mandy Jones  
Chief Executive Officer  
Oregon Community Credit Union

It's different here.<sup>SM</sup>



Federally Insured by NCUA



**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
DIVISION OF FINANCE AND CORPORATE SECURITIES**

**CERTIFICATE OF APPROVAL**

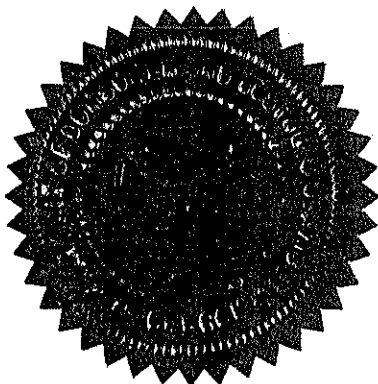
U-Lane-O CREDIT UNION filed restated Articles of Incorporation and amended Bylaws.

The restated Articles of Incorporation and amended Bylaws were approved on March 3, 2003.

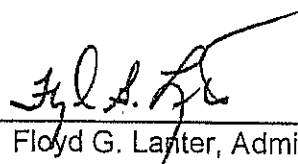
Now, THEREFORE, I authorize

**OREGON COMMUNITY CREDIT UNION**

to transact business as a community credit union within this State in accordance with its Bylaws and laws of the State of Oregon starting on March 31, 2003.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed hereto the Seal of the Department of Consumer and Business Services of the State of Oregon at Salem, Oregon, this 3rd day of March 2003.

  
Floyd G. Lanter, Administrator

Your savings federally insured to at least \$250,000  
and backed by the full faith and credit of the United States Government

# NCUA

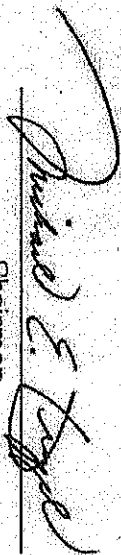
National Credit Union Administration, a U.S. Government Agency

## National Credit Union Administration

Hereby Certifies that each member's shares in

**OREGON COMMUNITY CREDIT UNION**

are federally insured to at least \$250,000  
and backed by the full faith and credit of the  
United States Government, as provided in the  
Federal Credit Union Act

  
Chairman  
National Credit Union Administration

12/23/1981

65856

Issue Date

Insurance Certificate #



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here **13a**

Company/Agency name <b>Northwest Financial Group INC. DBA BMW of Bellevue</b>		Website	
Contact name. Primary applicant and contract manager <b>Sean Zabihi</b>	(Area code) Telephone number <b>425-643-4544</b>	Email (required) <b>zabihis@autonation.com</b>	
Contact name 2 (if applicable) <b>Danyelle Wallace</b>	(Area code) Telephone number <b>425-637-6701</b>	Email (required) <b>wallaced1@autonation.com</b>	
Physical address of business (number and street) <b>13617 Northup Way</b>			
City <b>Bellevue</b>		State <b>WA</b>	ZIP code <b>98005</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI) <b>601-597-771</b>
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>Retail Automotives Sales</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>No</b>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**Sean Zabihi**

PRINT or TYPE Name

**X**

Signature of business or organization representative

2/22/18

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Vehicle/Vessel On-line Access  
Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Body by Scotty</b>		Website <b>www.bodybyScotty.com</b>	
Contact name. Primary applicant and contract manager <b>Sharon Sorensen</b>	(Area code) Telephone number <b>(208) 773-0925</b>	Email (required) <b>sharon@bodybyScotty.com</b>	
Contact name 2 (if applicable) <b>Bailey Perkins</b>	(Area code) Telephone number <b>(208) 773-0925</b>	Email (required) <b>bailey@bodybyScotty.com</b>	
Physical address of business (number and street) <b>311 E. 3rd Ave</b>			
City <b>Post Falls</b>		State <b>ID</b>	ZIP code <b>83854</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>We are an Auto Body Shop &amp; Tow Company we will send certified letters to owner/ lienholders of vehicles to be notified of Disposal</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>Certified letters will be sent to owner/ lienholder to notify them of vehicle Fees &amp; Disposal</b>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

3/13/18 Kootenai  
Date and place (county) signed County

Sharon Sorensen  
PRINT or TYPE Name  
X [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster** (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Body by Scotty Bailey Perkins		bailey@bodybyscotty.com (208) 773-0925	
	Address, City, State, Zip code		Subscriber's permissible use	
	311 E. 3rd Ave Post Falls ID		Information is used to notify owner of fees & disposal	
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here **13a**

Company/Agency name Reliant Financial dba Gold Acceptance		Website	
Contact name. Primary applicant and contract manager Ashleigh Vanderbrug	(Area code) Telephone number 714-450-3237	Email (required) ashleighv@goldacceptance.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 555 Parkcenter Dr. Ste 100			
City Santa Ana		State CA	ZIP code 92705
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Gold Acceptance is a subprime auto finance company and use the system to verify vehicle information.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We have no intension of providing the information obtained to a third party.			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- s **Washington State business** – Attach a legible copy of your current business license
- s **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- s **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- s **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- s **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

03/08/2018 - ORANGE  
Date and place (county) signed

ASHLEIGH VANDERBRUG  
PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**

**Each data broker or reseller must:**

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s \$OCUMENTTHESPECIICPERMISSIBLEUSEQUALICATIONFOREACHSUBSCRIBER

s 2ETAIN3UBSCRIBER2OSTERANDNOTIICATIONLETTERSSENTBYSUBSCRIBERSFORTHETERMOFTHE#ONTRACTANDFORTHREE YEARS  
from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name <b>Mason County Title Company</b>		Website	
Contact name, Primary applicant and contract manager <b>Cathy Krumpols</b>	(Area code) Telephone number <b>360-427-8088</b>	Email (required) <b>cathy.k@masoncountytile.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>124 No 2nd Street</b>			
City <b>Shelton</b>		State <b>WA</b>	ZIP code <b>98584</b>
Mailing address of business (if different) <b>PO Box 278</b>			
City <b>Shelton</b>		State <b>WA</b>	ZIP code <b>98584</b>
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; padding: 0 10px;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>We use this service to to search mobile home titles that are on real estate property and vehicles as well</b></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>no</b></p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

02/22/2018

Date and place (county) signed

Cathy M Krumpols

PRINT or TYPE Name

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name Mason County Title Company	Contact name Cathy Krumpols	Email cathy.k@masoncountytile.com	(Area code) Phone number 360-427-8088
	Address, City, State, Zip code 124 No 2nd Street		Subscriber's permissible use vehicle and Mobile Home searches	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

**2018**

Expires December 31, 2018



**LICENSE NUMBER**  
**0044220**

**CITY OF SHELTON  
BUSINESS LICENSE**

**MASON COUNTY TITLE COMPANY  
IS HEREBY LICENSED TO OPERATE  
MASON COUNTY TITLE COMPANY**

PO BOX 278  
SHELTON, WA 98584  
At: 124 N 2ND ST

This license must be posted in a conspicuous place at the location.

MASON COUNTY TITLE COMPANY  
PO BOX 278  
SHELTON, WA 98584

18-5409

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Cincinnati Insurance Company</b>		Website <b>cinfin.com</b>	
Contact name. Primary applicant and contract manager <b>Jason Spinnato</b>	(Area code) Telephone number <b>541-286-4313</b>	Email (required) <b>jason_spinnato@cinfin.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>6200 S Gilmore Rd</b>			
City <b>Fairfield</b>		State <b>OH</b>	ZIP code <b>45014</b>
Mailing address of business (if different) <b>2532 Santiam HWY SE #317</b>			
City <b>Albany</b>		State <b>OR</b>	ZIP code <b>97322</b>
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>Cincinnati Insurance is a multi-line insurance carrier with operations within the state of Washington. The vehicle and vessel records will be used in the course of investigating first party and third party insurance claims.</b></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Owners may be contacted via mail, phone, or email if it is determined they are involved in the claims that are investigated. With the exception of civil court proceedings or referrals to law enforcement, the records will not be shared outside of Cincinnati Insurance. Records may be shared with attorneys representing Cincinnati Insurance in subrogation efforts. The records will be uploaded to secure claim files and may be visible to other Cincinnati claims employees that have a role in the handling of the related claims.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

2/12/18, BENTON COUNTY, OR  
Date and place (county) signed

JASON SPINNATO  
PRINT or TYPE Name  
☒ Jason Spinnato  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The Cincinnati Insurance Company</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) <b>6200 South Gilmore Road</b>	
	6 City, state, and ZIP code <b>Fairfield, OH 45014</b>	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>

or	
Employer identification number	
<div></div>	

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Michael Wedig* Michael Wedig, Vice President

Date ▶ July 15, 2016

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company  
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company  
The Cincinnati Life Insurance Company

**Jason Spinnato**  
**Investigator I**

February 12, 2018

Vehicle Records Disclosure Unit  
Department of Licensing  
P.O. Box 2957  
Olympia, WA 98507

RECEIVED

FEB 21 2018

PUBLIC'S ACCESS TO RECORDS

To Whom It May Concern:

This letter is regarding the enclosed "Vehicle/Vessel On-line Access Contract Application-CPS". I am submitting this application as an authorized representative of the Cincinnati Insurance Company, a business outside Washington State. The Cincinnati Insurance Company EIN is [REDACTED] 6d. Please contact me via any of the methods listed below if additional information is required to process this application.

Sincerely,

Jason Spinnato

Enc: application, W9

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>All About Escrow, Inc.</b>		Website	
Contact name. Primary applicant and contract manager <b>Susan P. Monroe</b>	(Area code) Telephone number <b>360-379-1516</b>	Email (required) <b>Susan@allaboutescrowinc.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>2021 E. Sims Way</b>			
City <b>Port Townsend</b>		State <b>WA</b>	ZIP code <b>98368</b>
Mailing address of business (if different)			
City		State	ZIP code
<b>Provide one of these identifiers</b>	Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; text-align: center;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p><b>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</b></p> <p>We are an escrow company that deals with transferring property including mobile/manufactured homes between buyer and seller.</p>			
<p><b>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</b></p> <p>We already have contact with the owner/seller to obtain information for these transactions. If an owner on record is different than the one on a contract than yes, we would need to contact that person to obtain the documentation to clear them from title/record as owner or lien holder.</p>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Susan P. Monroe

PRINT or TYPE Name

**X** *Susan P. Monroe, President*

Signature of business or organization representative

02/21/2018 Jefferson County

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725

Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087

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- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name All About Escrow, Inc.	Contact name Susan P. Monroe	Email Susan@allaboutescrowinc.co	(Area code) Phone number 360-379-1516
	Address, City, State, Zip code 2021 E. Sims Way, Port Townsend, WA 98368		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name All About Escrow, Inc.	Contact name Michelle Christiansen	Email Michelle@allaboutescrowinc.c	(Area code) Phone number 360-379-1516
	Address, City, State, Zip code 2021 E. Sims Way, Port Townsend, WA 98368		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name All About Escrow, Inc.	Contact name Amanda Kostrach	Email Amanda@allaboutescrowinc.c	(Area code) Phone number 360-379-1516
	Address, City, State, Zip code 2021 E. Sims Way, Port Townsend, WA 98368		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name All About Escrow, Inc.	Contact name Lindsey Nagel	Email Lindsey@allaboutescrowinc.c	(Area code) Phone number 360-379-1516
	Address, City, State, Zip code 2021 E. Sims Way, Port Townsend, WA 98368		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
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	Address, City, State, Zip code		Subscriber's permissible use	
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STATE OF  
WASHINGTON

## BUSINESS LICENSE

### Corporation

ALL ABOUT ESCROW, INC.  
2021 E SIMS WAY  
PORT TOWNSEND, WA 98368-2285

Unified Business ID #: 602799283

Business ID #: 001

Location: 0001

Expires: Jan 31, 2019

UNEMPLOYMENT INSURANCE - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

### CITY ENDORSEMENTS:

PORT TOWNSEND GENERAL BUSINESS #7483 - ACTIVE

### LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

**Vehicle/Vessel On-line Access  
Contract Application-CPS**

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Adobe Reader XI or above to fill it in  
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Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

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If you currently have a CPS number, enter it here 13a

Company/Agency name <b>Bert's Auto Salvage LLC</b>		Website <b>bertsautosalvage.com</b>	
Contact name. Primary applicant and contract manager <b>Linda L. Monroe</b>	(Area code) Telephone number <b>(541) 567-5159</b>	Email (required) <b>lindaatberts@eotnet.net</b>	
Contact name 2 (if applicable) <b>Salli A. Ketchersid</b>	(Area code) Telephone number <b>(541) 567-5159</b>	Email (required) <b>berts@eotnet.net</b>	
Physical address of business (number and street) <b>30775 Baggett Lane</b>			
City <b>Hermiston</b>		State <b>OR</b>	ZIP code <b>97838</b>
Mailing address of business (if different) <b>P. O. Box 84</b>			
City <b>Hermiston</b>		State <b>OR</b>	ZIP code <b>97838</b>
<b>Provide one of these identifiers</b>	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>Auto wrecking yard and towing company. Record searches are for Washington vehicles towed by us. Certified letter will be sent to owner.</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>Certified letters will be sent to registered owner and lienholder notifying them that we have towed their vehicle and what they need to do to reclaim it. No other contact will be made. We do not share this information with anyone else.</b>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

<u>4/17/2018</u> Date and place (county) signed	<u>Linda L. Monroe</u> PRINT or TYPE Name  <u>X</u> Signature of business or organization representative
--	--

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
**cps@doi.wa.gov**  
Print and scan or upgrade to  
**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [doi.wa.gov/forms/formspd.html](http://doi.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a \_\_\_\_\_

Company/Agency name <b>Enumclaw Recreational Vehicles Inc</b>		Website <b>www.enumclawsuzuki.com</b>	
Contact name. Primary applicant and contract manager <b>Carrie Polka</b>	(Area code) Telephone number <b>360-825-4502</b>	Email (required) <b>carrie@enumclawpowersports.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>408 Roosevelt Ave</b>			
City <b>Enumclaw</b>		State <b>WA</b>	ZIP code <b>98022</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <b>601606155</b>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We sell, service and sell parts for motorcycles, dirtbikes, scooters, trailers, ATV's, UTV's, watercraft, and snowmobiles. We would use the vehicle and vessel records to verify legal and registered owner on trade ins, purchases and consignments. We would also use the records for any mechanics liens if necessary so we can contact the legal owner on record.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. The only time we would contact the owner would be due to mechanics liens. We contact the owner by certified mail if we need to process a mechanics lien. We will not be providing this information to other persons or businesses.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

<u>3/20/18 King County</u> Date and place (county) signed	<u>Carrie Polka</u> PRINT or TYPE Name <b>X</b> <u>Carrie Polka</u> Signature of business or organization representative
--	---

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF  
WASHINGTON

# BUSINESS LICENSE

## Corporation

ENUMCLAW RECREATIONAL VEHICLES, INC.  
ENUMCLAW SUZUKI KAWASAKI YAMAHA  
408 ROOSEVELT AVE  
ENUMCLAW, WA 98022-2930

Unified Business ID #: 601606155

Business ID #: 001

Location: 0001

Expires: Feb 28, 2019

UNEMPLOYMENT INSURANCE - ACTIVE  
MINOR WORK PERMIT - ACTIVE  
SNOWMOBILE DEALER #0106 - ACTIVE  
MISCELLANEOUS VEHICLE DEALER #6558 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE  
VESSEL DEALER #7180 - ACTIVE

## CITY ENDORSEMENTS:

ENUMCLAW GENERAL BUSINESS #175 - ACTIVE

## DUTIES OF MINORS:

BASIC CLEANING, ANSWERING PHONES, AND SMALL DUTIES AS THEY COME UP.

## LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Occupations involving exposure to substances which are carcinogenic, corrosive, highly toxic, toxic sensitizers, or that cause reproductive health effects is prohibited for minors under 18. WAC 296-125-030(25)

## REGISTERED TRADE NAMES:

ENUMCLAW SUZUKI KAWASAKI YAMAHA

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

Expires: Feb 28, 2019

FOLD HERE

FOLD HERE

UNEMPLOYMENT INSURANCE - ACTIVE  
INDUSTRIAL INSURANCE - ACTIVE  
MINOR WORK PERMIT - ACTIVE  
TAX REGISTRATION - ACTIVE  
SNOWMOBILE DEALER #0106 - ACTIVE  
VESSEL DEALER #7180 - ACTIVE  
MISCELLANEOUS VEHICLE DEALER #6558 - ACTIVE  
ENUMCLAW GENERAL BUSINESS #175 - ACTIVE

Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

UBI: 601606155 001 0001

ENUMCLAW RECREATIONAL  
VEHICLES, INC.  
ENUMCLAW SUZUKI KAWASAKI  
YAMAHA  
408 ROOSEVELT AVE  
ENUMCLAW, WA 98022-2930



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)****cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in and save it.**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>STUPS GARAGE AND USED CARS INC</b>		Website <b>TAMMYT@STUPSAUTO.COM</b>	
Contact name, Primary applicant and contract manager <b>TAMMY TREGONING</b>	(Area code) Telephone number <b>301 663 6918</b>	Email (required) <b>TAMMYT@STUPSAUTO.COM</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>8052 BALL ROAD</b>			
City <b>FREDERICK</b>		State <b>MARYLAND</b>	ZIP code <b>21704</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are a Automotive Dismantler & Recycler in the State of Maryland, License Number is J012300. We obtained vehicles from tow companies that have been abandoned after towed from accidents, etc. The tow Companies can only bring vehicles to AD & R. company. where the AD & R has to process vehicle information to notify owners and/or lien holders of said vehicle by certified mail. This information will only be used when we have a vehicle titled in your state. we have 2 vehicles at this time to process from Washington State.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will only contact owner or owners and lien holder if any. this will only be by certified mail with the information you would provide to us.			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

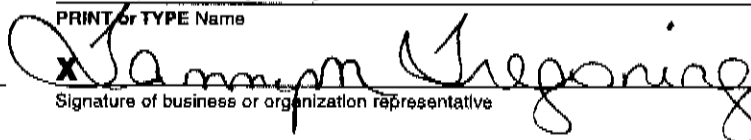
**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Tammy M. Tregoning

PRINT or TYPE Name



Signature of business or organization representative

2/20/2018 Frederick

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
 Washington Administrative Code (WAC) 308-10-075, 308-93-087

# AUTOMOTIVE DISMANTLER & RECYCLER LICENSE

THIS IS TO CERTIFY THAT

Control Number: 31228R

**Stup's Garage & Used Cars, Inc.**

8052 Ball Rd. Frederick, MD 21704

License #: X800008012300 - Expires - 07/31/2019

Owners/Officer(s)

Robert D Stup, MARY A STUP

DBA(s)

T A Stup's Auto Center

Franchise(s)

None

is hereby licensed as a "MOTOR VEHICLE AUTOMOTIVE DISMANTLER & RECYCLER" in accordance with the applicable provisions of the Maryland Vehicle Law, for the purpose of purchasing or otherwise acquiring vehicles for the benefit of the materials contained therein or parts thereof.

Alterations VOID this Document

Not valid without Impressed Seal and Watermark



Maryland Department Of Transportation  
MOTOR VEHICLE ADMINISTRATION  
GLEN BURNIE, MARYLAND 21032  
LICENSING & CONSUMER SERVICES

THIS LICENSE MUST BE  
DISPLAYED IN VIEW OF  
THE PUBLIC

A handwritten signature in cursive script, appearing to read "Christine Meyer".

ADMINISTRATOR OF MOTOR VEHICLES

Printed: 06-28-2017

90 County



# State of Maryland

## License

STUPS GARAGE & USED CARS INC  
8052 BALL RD  
FREDERICK MD 21701

STUPS GARAGE & USED CARS INC  
8052 BALL RD  
FREDERICK MD 21701

10750178

01811081

CDR	UNIT	TYPE OF LICENSE	NO OF LIC	UNIT
71	500	TRADER'S LICENSE	1	600.00

DATE OF ISSUE  
MO DAY YR  
04/21/2017

MONTHS PAID  
12

ISSUING FEES 2.00

TOTAL 602.00

DATE PAID  
04/21/2017

SANDRA DALTON, CLERK OF CIRCUIT COURT  
100 WEST PATRICK STREET  
FREDERICK, MARYLAND 21701

JKD

THIS LICENSE MUST BE PROMINENTLY DISPLAYED  
AND EXPIRES ON APRIL 30, 2018

3329	License Number	01/10/2011	Issued Date	01/31/2019	Expiration Date	Pat Kohler, Director
<p>UNARMED PRIVATE INVESTIGATOR</p> <p>PRINCIPAL</p> <p>FORTIFIED INVESTIGATIVE SERVIC</p> <p>ANDREW S KIDD</p> <p>6005 S FIFE STREET</p> <p>TACOMA WA 98409</p>						
<p>THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A</p> <p>DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION</p> <p>STATE OF WASHINGTON</p>						
<p>UNARMED PRIVATE INVESTIGATOR</p> <p>PRINCIPAL</p> <p>FORTIFIED INVESTIGATIVE SERVIC</p> <p>ANDREW S KIDD</p> <p>6005 S FIFE STREET</p> <p>TACOMA WA 98409</p>						
<p>Termination Date ____/____/____</p> <p>Licensee Released -</p>						



3329	License Number	01/31/2019	Expiration Date	Pat Kohler, Director
<p>STATE OF WASHINGTON</p> <p>UNARMED PRIVATE INVESTIGATOR</p> <p>PRINCIPAL</p> <p>FORTIFIED INVESTIGATIVE SERVIC</p> <p>ANDREW S KIDD</p> <p>6005 S FIFE STREET</p> <p>TACOMA WA 98409</p>				

ADDRESS SERVICE REQUESTED

PPU 1055

FORTIFIED INVESTIGATIVE SERVIC  
ANDREW S KIDD  
2602 S 38TH STREET  
PMB 196  
TACOMA WA 98409

State of Washington  
DEPARTMENT OF LICENSING  
INVESTIGATOR PROGRAM  
P O Box 9649  
Olympia, WA 98507





**Vehicle/Vessel On-line Access  
Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in

and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

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If you currently have a CPS number, enter it here

13a

Company/Agency name <b>FORTIFIED INVESTIGATIVE SERVICES</b>		Website <b>FORTIFIEDS.COM</b>	
Contact name, Primary applicant and contract manager <b>ANDREW SCOTT KIM</b>		(Area code) Telephone number <b>253-234-7771</b>	
Contact name 2 (if applicable)		(Area code) Telephone number	
Physical address of business (number and street) <b>6005 SOUTH FIRE ST.</b>		Email (required) <b>AKIDD@FORTIFIEDS.COM</b>	
City <b>TACOMA</b>		State <b>WA</b>	
Mailing address of business (if different) <b>2602 SOUTH 38th Street, PMB 196</b>		ZIP code <b>98409</b>	
City <b>TACOMA</b>		State <b>WA</b>	
Provide one of these identifiers		Employer Identification Number (EIN)	
Taxpayer Identification Number (TIN)		WA Unified Business Identifier (UBI) <b>603-065-714</b>	

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). I AM A PRIVATE INVESTIGATOR. I PRIMARILY WORK INSURANCE INVESTIGATION ASSIGNMENTS. I WOULD BE USING THIS TO IDENTIFY AND LOCATE PEOPLE.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. IF THE OWNER IS CONTACTED IT WOULD BE RELATED TO INVESTIGATION PURPOSES TO IDENTIFY WHO THEY ARE OR TO CONTACT THEM IN RELATION TO AN INVESTIGATION. THE IDENTITY OF MY CONTACT WILL BE INSUREANCE

INVESTIGATION RELATED.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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- **Private investigator** — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name Boonin Scott Hild  
Date and place (county) signed 2-26-18 Pierce County  
Signature of business or organization representative X Charles Scott Hild

Authorities:  
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name <b>PRO ESCROW INC</b>		Website <b>www.proescrowinc.com</b>	
Contact name, Primary applicant and contract manager <b>Karen Martin</b>	(Area code) Telephone number <b>4253486100</b>	Email (required) <b>kmartin@proescrowinc.com</b>	
Contact name 2 (if applicable) <b>Linda McElhoe</b>	(Area code) Telephone number <b>4253486100</b>	Email (required) <b>edocs@proescrowinc.com</b>	
Physical address of business (number and street) <b>5920 Evergreen Way Ste C</b>			
City <b>Everett</b>		State <b>wa</b>	ZIP code <b>98203</b>
Mailing address of business (if different) <b>same</b>			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <span style="background-color: black; color: white; padding: 0 10px;">6d</span>	WA Unified Business Identifier (UBI) <b>601 620 409</b>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are an escrow company that closes transactions involving mobile homes in parks and land. We need to obtain pertinent information regarding mobile homes in order to transfer property and close our files</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We always request information from the seller/owner of the property, however in some cases they do not have their title or registration. We also reach out to their agent for information if at all possible. We must verify information the DOL on the property to ensure who the legal owner is. We also conduct UCC searches.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact **cps@dol.wa.gov** to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

3-2-2018 EVERETT, WA Snohomish Co.  
Date and place (county) signed

Karen R Martin

PRINT or TYPE Name

X

Signature of business or organization representative

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Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
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**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name Pro Escrow, Inc	Contact name Karen R Martin	Email kmartin@proescrowinc.com	(Area code) Phone number 425-348-6100
	Address, City, State, Zip code 5920 Evergreen Way Ste C, Everett, WA 98203		Subscriber's permissible use obtain Mobile home information for escrow closing	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>2</b>	Legal business name Pro Escrow, Inc	Contact name Linda McElhoe	Email edocs@proescrowinc.com	(Area code) Phone number 425-348-6100
	Address, City, State, Zip code 5920 Evergreen Way Ste C, Everett, WA 98203		Subscriber's permissible use obtain Mobile home information for escrow closing	
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<b>3</b>	Legal business name Pro Escrow, Inc	Contact name Kathy Aversano	Email kathy@proescrowinc.com	(Area code) Phone number 425-348-6100
	Address, City, State, Zip code 5920 Evergreen Way Ste C, Everett WA 98203		Subscriber's permissible use obtain Mobile Home information for escrow closing	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>4</b>	Legal business name Pro Escrow, Inc	Contact name Kristin Finch	Email kfinch@proescrowinc.com	(Area code) Phone number 425-348-6100
	Address, City, State, Zip code 5920 Evergreen Way Ste C, Everett, WA 98203		Subscriber's permissible use obtain Mobile Home information for escrow closing	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
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If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>OLSON BROS. TOWING</b>		Website	
Contact name. Primary applicant and contract manager <b>MIKE SCHELL</b>	(Area code) Telephone number <b>503-659-5141</b>	Email (required) <b>MIKE@OLSONBROSERV.COM</b>	
Contact name 2 (if applicable) <b>BRAD OLSON</b>	(Area code) Telephone number <b>503-659-5141</b>	Email (required) <b>BRAD@OLSONBROSERV.COM</b>	
Physical address of business (number and street) <b>14115 SE MCLOUGHLIN BLVD</b>			
City <b>MILWAUKIE</b>	State <b>OR</b>	ZIP code <b>97267</b>	
Mailing address of business (if different) <b>SAME</b>			
City <b>SAME</b>	State	ZIP code	
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a towing and Recovery company that contract business and impound vehicles for Federal, State, &amp; City law enforcement agency's along with local Fire Departments. We also assist local business and private parties with the removal of improperly parked or abandoned vehicles on there property. The information obtained from vehicle and vessel records request will be used to notify the last known or current registered owner of towing and impound charges.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Yes we will use the info provided to notify and send a letter the last known or current registered owner of the impound towing, recovery and storage charges against the vehicle / vessel. We would also send the info to a debt collection company Columbia Collections for the purpose of collecting Debt for towing, recovery and storage charges against a vehicle or vessel not claimed or paid for. We are legally required to send a lien letter to anyone who leaves a vehicle or vessel in our custody for more than 15 days The letter states the charges and sale date against the vehicle if not claimed.</p>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Mike Schell

PRINT or TYPE Name

X

Signature of business or organization representative

3-7-18 Clackamas

Date and place (county) signed

**Authorities:**

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<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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**MILWAUKIE**  
*Dogwood City of the West*

## Business Registration Certificate

Expiration Date

12/31/2018

Registration #

165

MUST BE DISPLAYED IN CONSPICUOUS PLACE

**BUSINESS LOCATION:**

14115 SE MCLOUGHLIN  
BLVD.

MILWAUKIE, OR 97267  
503-659-5141

OLSON BROTHERS SERVICE  
INC.

14115 SE MCLOUGHLIN BLVD.  
MILWAUKIE, OR 97267

Issued pursuant to the terms and conditions of Business Registration ordinances of the City.

The business to which the business registration is issued is required by the terms of Milwaukie City Code Chapter 5.08 to continuously comply with the requirements of the City Code and the other pertinent State and/or Federal regulations. Failure to do so constitutes grounds for revocation of the Business Registration in a manner consistent with Milwaukie Municipal Code Chapter 5.08. Business Registration certificates are valid until the end of the calendar year of issuance.

REVOCABLE AND TRANSFERABLE

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If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Expo Auto LLC</b>		Website <b>www.expoautosale.com</b>	
Contact name. Primary applicant and contract manager <b>Dmitri Legkun</b>	(Area code) Telephone number <b>253-228-6354</b>	Email (required) <b>expoautosale@gmail.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>4304 S. Tacoma Way</b>			
City <b>Tacoma</b>		State <b>Washington</b>	ZIP code <b>98409</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6d</b>	WA Unified Business Identifier (UBI) <b>603448951</b>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a used car dealership in Tacoma, Wa. We need the vehicle and vessel records for vehicles that we take in trade. These records would show us who the legal and/or registered owners are.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>I will not be contacting the owner. We will only disclose it to the owner if he is present and asks about the report.</p>			



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03/09/2018 Pierce

Date and place (county) signed

Dmitri Legkun

PRINT or TYPE Name

X

Signature of business or organization representative

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DETACH BEFORE POSTING



STATE OF  
WASHINGTON

Limited Liability Company

EXPO AUTO LLC  
4304 SOUTH TACOMA WAY  
TACOMA, WA 98409-4523

UNEMPLOYMENT INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE

## BUSINESS LICENSE

Unified Business ID #: 603448951  
Business ID #: 001  
Location: 0001  
Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE  
MOTOR VEHICLE DEALER #7916 - ACTIVE

### LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UBI: 603448951 001 0001

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Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET



STATE OF  
WASHINGTON

# RESELLER PERMIT

Washington State Department of Revenue

PO Box 47476 • Olympia, WA 98504-7476 • 1-800-647-7706

603 448 951  
EXPO AUTO LLC  
7120 S MADISON ST  
TACOMA, WA 98409-2464

Permit Number: A32 4767 21

Effective Date: 02-01-2017

Expiration Date: 01-31-2021

**Business Activities:**  
USED CAR DEALERS

**This permit can be used to purchase:**

- Merchandise and inventory for resale without intervening use
- Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale
- Feed, seed, seedlings, fertilizer, and spray materials by a farmer
- Materials and contract labor for retail/wholesale construction
- Items for dual purposes (see Purchases for Dual Purposes on back)

**This permit cannot be used to purchase:**

- Items for personal or household use
- Promotional items or gifts
- Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals
- Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back)
- Materials and contract labor for speculative building

**This permit is no longer valid if the business is closed.**

**The business named on this permit acknowledges:**

- It is solely responsible for all purchases made under this permit
- Misuse of the permit:
  - Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)
  - May result in this permit being revoked

Notes (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important:** The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.



# Redaction Log

Reason	Page (# of occurrences)	Description
13a	<b>2</b> (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
	<b>6</b> (1)	
	<b>10</b> (1)	
	<b>18</b> (1)	
	<b>22</b> (1)	
	<b>24</b> (1)	
	<b>26</b> (1)	
	<b>30</b> (1)	
	<b>36</b> (1)	
	<b>39</b> (1)	
	<b>49</b> (1)	
	<b>52</b> (1)	
	<b>55</b> (1)	
	<b>61</b> (1)	
	<b>67</b> (1)	
	<b>70</b> (1)	
	<b>75</b> (1)	
	<b>80</b> (1)	
	<b>83</b> (1)	
	<b>96</b> (1)	
	<b>98</b> (1)	
	<b>106</b> (1)	
	<b>108</b> (1)	
6d	<b>2</b> (1)	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.
	<b>6</b> (1)	
	<b>8</b> (2)	
	<b>10</b> (1)	
	<b>13</b> (1)	
	<b>18</b> (1)	
	<b>24</b> (1)	
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	<b>90</b> (1)	
	<b>91</b> (1)	
	<b>92</b> (1)	

Reason	Page (# of occurrences)	Description
	96 (2)	
	101 (1)	
	108 (1)	
	111 (1)	
	115 (1)	